

9/4/97

TRANSACTION REPORT

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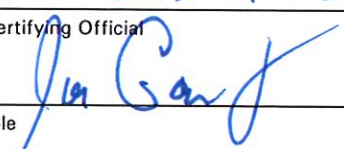
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for 9/2/97

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000					
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 04/01/97	
				To: (Month, Day, Year) 06/30/97	
10. Transactions:		I Previously Reported 03/31/97		II This Period	
a. Total outlays		61,099.00		8,423	
b. Recipient share of outlays		6,618.00		4,043	
c. Federal share of outlays		54,481.00		4,380	
d. Total unliquidated obligations		***		***	
e. Recipient share of unliquidated obligations		FOR		FOR	
f. Federal share of unliquidated obligations		OJP		OJP	
g. Total Federal share (Sum of lines c and f)		USE		USE	
h. Total Federal funds authorized for this funding period		ONLY		ONLY	
i. Unobligated balance of Federal funds (Line h minus line g)		***		***	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula passthrough \$		PROGRAM INCOME:		E. Expended \$	
B. Federal Funds Subgranted \$		C. Forfeit \$		F. Unexpended \$	
		D. Other \$			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ Recorde				Telephone (Area code, number and extension) 541 437 - 2253	
Signature of Authorized Certifying Official 				Date Report Submitted 9/2/97	

Previous Editions not Usable

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John Weaver

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	April	May	June
Salary	1885.12	2099.16	2018.84
F. ca	124.34	130.15	125.17
Med c	29.08	30.44	29.27
Pers	120.33	125.95	121.13
Med Ins	366.25	366.25	366.25
Wk Comp ^{5%}	94.25	104.95	100.95
Un Emp ^{3%}	56.55	62.97	66.57
Totals	2675.92	2919.17	2828.18
			8,423.27

52% Fed
48% City

41151 / (1/4)